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ABSTRACT

This fact sheet on attention deficit disorders (ADD) provides basic information on: ADD as a neurobiological disability, cause, prevalence and prognosis, identifying criteria, the teacher's challenge, school-based assessment, the two-tiered assessment protocol suggested by the Professional Group on Attention Deficits and Related Disorders, multimodal treatment approaches, the classroom environment, classroom organization, classroom management, curriculum modifications, behavioral interventions, types of responses, how to use behavior management principles, interventions with adolescents, and cooperation between parents and schools. (DB)

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C.H.A.D.D. FACTS 5

ATTENTION DEFICIT DISORDERS: AN EDUCATOR'S GUIDE

CHILDREN & ADULTS WITH ATTENTION DEFICIT DISORDERS

ADD – "It's a Neurobiological Thing"

ADD (attention deficit disorder) is a neurobiological disability, frequently characterized by inappropriate degrees of:

- **inattention**
- **impulsivity**
- **hyperactivity**

These characteristics appear in early childhood, are relatively chronic in nature, and are not due to other physical, mental or emotional causes.

Performance variability is common among children with ADD. It is difficult for teachers to understand why a child can remember homework assignments on Monday and Tuesday but forget them on Wednesday.

When ADD is left unidentified or untreated, a child is at great risk for:

- **impaired learning ability**
- **decreased self-esteem**
- **social problems**
- **family difficulties**
- **potential long-term effects**

Cause

Strong evidence suggests the most likely cause of ADD is a chemical imbalance or deficiency in certain chemicals in the brain that are located in the area responsible for attention and activity.

Results from a landmark 1990 study conducted by Dr. Alan Zametkin at the National Institute of Mental Health support this explanation.

Evidence suggests a strong hereditary predisposition. Despite numerous studies, little to no scientific evidence exists to support various theories of any dietary or allergy-related cause. Equally unfounded are variously held opinions that behavior which stems from ADD is caused by social or environmental factors such as poor home environment.

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Prevalence and Prognosis

It is estimated that ADD affects 3-5% of the school-age population, which means as many as 3.5 million children. While ADD is present in girls, it remains more prevalent in boys. We should keep in mind that often girls are under-identified, which may account for this difference.

We now know that ADD is not "outgrown." In fact, 30-70% of children with ADD will continue to exhibit symptoms of ADD in adulthood. ADD knows no bounds—it occurs across all socioeconomic, cultural, and racial backgrounds.

Identifying Criteria

The DSM IIIR has established criteria to use when evaluating a child for attention deficit disorders. To be suspected of having ADD, a clinician looks for the child to display at least 8 of the 14 characteristics to a degree that is inappropriate when compared with other children of the same age.

1. Fidgets, squirms or seems restless.
2. Has difficulty remaining seated.
3. Is easily distracted.
4. Has difficulty awaiting turn in games or group situations.
5. Blurts out answers.
6. Has difficulty following instructions.
7. Has difficulty sustaining attention.
8. Shifts from one uncompleted task to another.
9. Has difficulty playing quietly.
10. Talks excessively.
11. Interrupts or intrudes on others.
12. Does not seem to listen.
13. Often loses things necessary for tasks.
14. Frequently engages in dangerous actions.

This list is not meant to be used as a simple checklist. Rather a careful developmental history and observation are used to define a general pattern of behavior suggestive of ADD.

Clearly, one might look at this list and find items that, on occasion, describe the behavior found in many children. From time to time, all children will be inattentive, impulsive and/or exhibit high activity levels. However, for children with ADD, the persistence, pattern, and frequency of this

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behavior is much greater. *These behaviors are the rule, not the exception.*

Adults may view this behavior as a choice made by the child. Yet science tells us that the primary problem for these children is not in knowing the skill, but rather in the ability to control impulse and apply the skill.

ADD is not new, though our understanding of the disorder is still developing. Medical science first noticed children exhibiting inattentiveness, impulsivity, and hyperactivity in 1902. Since that time, the disorder has been given numerous names, including Minimal Brain Dysfunction and The Hyperkinetic Reaction of Childhood. In 1980, the diagnosis of Attention Deficit Disorder was formally recognized in the *Diagnostic and Statistical Manual, 3rd edition (DSM III)* — the official diagnostic manual of the American Psychiatric Association (APA).

The Teacher's Challenge

Children with ADD are action-oriented, trial-and-error learners who learn by doing. They will generally work for the following:

- **to get something stimulating, action-oriented or novel**
- **to get out of or away from something repetitious or boring**
- **for negative attention**

Teachers who are successful with these students incorporate more activity and novelty into their lessons and materials.

Children with ADD tend to do better under certain environmental conditions, such as:

- **predictability**
- **structure**
- **shorter work periods**
- **small student-teacher ratio**
- **individualized instruction**
- **motivating and interesting curricula**
- **use of positive reinforcers**

Behavior difficulties will increase under certain classroom conditions:

- **when the task is difficult**
- **when work is required for an extended period of time**
- **when there is little supervision**
- **during periods of transition**

Students with ADD are NOT UNABLE TO LEARN. Difficulties with inattention and impulsivity often make them UNAVAILABLE FOR LEARNING.

School-Based Assessment

Often, concerns about a child's attention and activity levels are first noted in the context of school. This occurs because school places greater demands for attention and self-regulation on the child.

Recent recognition of ADD as a disability to be served under existing education laws (IDEA, Other Health Impaired category, and Section 504 of the Rehabilitation Act of 1973) has generated the need for assessment protocols for school-based evaluation teams. In keeping with these requirements, the school has a legal responsibility to provide assessment services for students who are suspected of having ADD.

In the event that the assessment procedure indicates that ADD symptomatology exists, the school should determine if the ADD is placing an adverse effect on educational performance. The process for these determinations generally involves the use of a school-based multidisciplinary team. At least one member of the team should be knowledgeable about the disability.

PGARD Two-Tiered Assessment Protocol

PGARD (Professional Group on Attention Deficits and Related Disorders) suggests school-based personnel follow a two-tier approach to evaluate children suspected of having ADD. The guiding principle underlying both tiers of assessment is to use multiple sources of information. The assessment protocol recommended by PGARD is sufficient to determine the presence of ADD behaviors and adverse affects on educational performance.

Tier I:

- Confirm the presence of the cardinal characteristics
- Confirm early onset and duration
- Rule out exclusionary criteria
- Prior diagnosis by physician or psychologist can be used in lieu of Tier I

Tier II:

- Determine adverse impact on educational performance
- Determine impairment of academic performance

FLAG: Ultimately, all interventions have one goal: to build a child's sense of competence.

FLAG: Some teachers question whether it is fair to provide extra support for individual students. It is important to understand that being fair does not mean being the same; being fair means providing each student with what he or she needs to achieve success.

Treatment: A Multi-modal Approach

A multimodal management approach, consisting of educational, psychological, behavioral and medical management is recommended to facilitate a positive outcome for these children. The components of the multi-modal management approach require a collaborative effort among parents, educators and the health professionals.

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Classroom Environment

The most effective classroom environment for meeting the needs of the student with ADD generally needs to be highly ordered and predictable. Rules and expectations must be clear and consistent.

Classroom Organization

- Enclosed classrooms (rather than an open area class) are recommended to reduce distractions.
- Display classroom rules.
- Post daily schedule and homework assignments in the same place. Tape a copy of the schedule on the student's desk.
- Ease transitions between classes and activities by providing clear directions and cues, such as a 5- minute warning prior to the transition.
- Provide a quiet work area which is available to any student at his or her request.
- Seat the child away from distraction.
- Seat the child next to students who will be positive role models.

Classroom Management

- Plan academic subjects for morning hours.
- Provide regularly scheduled and frequent breaks.
- Train students to recognize "time to begin work" cues.
- Use various attention-getting devices.
- Establish a "secret signal" with the child to use as a reminder when he or she is off task.

Modifying Curriculum

- Reduce amount of work assigned or modify assignments.
- Allow more time to complete assignments or tests.
- Use mixture of high and low interest tasks, e.g. follow a lecture with a hands-on activity.
- Allow student to use computer for written assignments if he or she has poor fine motor skills. Computer programs, such as word processors, provide immediate gratification, increase self-esteem and reduce student error.
- Include organizational and study skills such as color coding and assignment books as part of the curriculum.
- Use visual references for auditory instruction such as writing instructions on the blackboard and giving verbal directions
- Alternate activities to avoid desk fatigue.

Additional Strategies

- Create learning partnerships in which a calm or advanced student is paired with the child with ADD to help him or her learn new concepts or practice the previously introduced skills.
- Try to give each student at least one task each day that he or she can do successfully.
- Make eye contact with the student before calling on him or her or giving instructions.
- Try to avoid asking the student a question when he or she is "off-task;" instead call on the student when he or she is paying attention. This will reduce embarrassment and increase self-esteem.
- Use the student's first name before calling on him or her.

Behavioral Interventions

Behavior modification assumes that the teacher or parent can increase, decrease or eliminate specific behaviors by manipulating responses which follow those behaviors.

Types of Responses

- positive reinforcement
- negative reinforcement
- response cost

How to Use Behavior Management Principles

- Select a specific behavior you wish to increase (target behavior).
- To increase frequency of target behavior, select a reinforcer that is highly appealing to the student. The classroom offers many reinforcers:
  - attention
  - praise
  - awarding of jobs
  - extra free-time
  - reduction of work required
- Reward behaviors immediately and continuously.
- If child does not demonstrate target behavior; reward behaviors approximating that behavior.
- Negative reinforcers should be used only after a positive reinforcement program has had ample time for effectiveness; positive reinforcements should far outnumber frequency of any negative reinforcement.
- The student should be told what to do to avoid the negative or aversive consequence.
- Negative consequence should be delivered in a firm, business-like way without emotion, lectures or long-winded explanations.

Intervening with Adolescents

All students will respond better when they are actively engaged in the decision-making process, however this is *absolutely essential* when dealing with students at the middle, junior or senior high levels. When designing interventions, such as behavior and work completion contracts or developing routines, offer choices and encourage student input.

Parent and Schools Working Together

ADD affects these children in all aspects of their life: at school, at home and with their peers. Many parents feel frustrated, ashamed,

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angry, guilty, and/or depressed over what they may perceive is the result of their parenting failure. Parents may feel overwhelmed with the daily challenges of raising a child with ADD. They should be approached with sensitivity and compassion, support and understanding.

CH.A.D.D. support group meetings are invaluable to parents of children with ADD. Schools can refer parents to these groups for assistance and education.

Children with ADD cannot afford a separation of school and home. Disagreements about the "best" way to handle a child's problems may arise periodically. Such disagreements should never interfere with the primary mission: **HELPING CHILDREN WITH ADD TO BECOME COMPETENT AND SELF-CONFIDENT.**

CH.A.D.D. has produced two invaluable teacher training tools. *The Educators Manual: An In-Depth Look at Attention Deficit Disorders from an Educational Perspective* is an acclaimed text on ADD in the classroom. Developed in collaboration with leading experts in the field, the *Educators Manual* discusses educational manifestations, identification and assessment protocols, intervention principles and practices, and problem solving techniques. It is available from CH.A.D.D. for $10 plus $2 shipping.

The Educators Inservice Program on Attention Deficit Disorders is a comprehensive training program for teachers. Based on the successful *Educators Manual*, it includes a complete script, handouts and 47 professionally designed, full-color transparencies that make for an informative and attention-grabbing presentation. It is available from CH.A.D.D. for $100 plus $5 shipping. Call CASET Associates at 1-800-545-5583 for ordering information.

Need more information about Attention Deficit Disorders or the national organization dedicated to helping children and adults with ADD succeed? Call Children and Adults with Attention Deficit Disorders (CH.A.D.D.) at 305-587-3700, or write CH.A.D.D. at 499 Northwest 70th Avenue, Suite 308, Plantation, Florida 33317.

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